form of myalgia in women the name "perimysitis rheumatica." Errors in diet, especially the inordinate use of bread and tea, are stated to be the main causes of the affection, which is best treated by liberal diet and anti-rheumatic remedies. Bathing is an important factor in the treatment, while auto-movements of the affected muscles, while simultaneous pressure is exerted upon them, is preferable to massage.

Nervous Impulses Controlling Menstruation and Uterine Hemorrhage.

Collins (*British Medical Journal*, January 12, 1895) concludes a paper on this subject with the following practical deductions: There is a nervous centre in the lumbar cord controlling the uterus. Uterine hemorrhage is due either to local conditions within the organ itself, or to extra-uterine influences directly affecting the nervous centre. Menstruation results from the stimulation of this centre by "the decaying decidual cells." Removal of the adnexa causes arrest of menstruation by cutting off the uterine impulses to the centre. The practical deduction is first to explore the uterine cavity in all cases of hemorrhage, to decide whether the cause is local or not.

Sero-fibrous Approximation of Abdominal Wounds.

Greig Smith (*British Medical Journal*, January 5, 1895) argues in favor of sero-fibrous as opposed to the ordinary approximation of peritoneum to peritoneum. He claims that union takes place just as rapidly, and is firmer at the end of two days. Moreover, there is less risk of intestinal adhesions than is the case when peritoneal flaps are united with the raw edges turned inward, which is responsible for nearly two per cent. of the deaths after abdominal section.

Primary Genital Tuberculosis.

Sippel (*Deutsche med. Wochenschrift*, 1894, No. 52) reaches the following conclusions through his studies on this subject: Primary genital tuberculosis results from direct external infection through the vagina, the tubes being more susceptible than the uterus so long as menstruation persists. The diagnosis is made not only by direct palpation of the diseased tubes, but by the detection of tubercle bacilli in bits of the endometrium removed by curettage, and is confirmed by the subsequent development of tuberculous peritonitis. Since it is important to preserve the function of menstruation, the whole or a portion of the ovaries should be spared when the diseased tubes are extirpated. Direct infection of the peritoneum may take place from the latter.

Fibroma of the Ovary.

Graefe (*Centralblatt für Gynäkologie*, No. 1, 1895) reports two cases of true fibroma of the ovary, and affirms that he has been able to collect only thirty-six cases in the literature of the last twelve years, which he explains by the active *rôle* played by the epithelium of the ovary as compared with

the stroma. One of his patients was fifty-four years of age, the other seventy-two, which was unusual, as these neoplasms are usually found in young subjects. He notes the frequent occurrence of ascites, the cause of which has never been satisfactorily explained. It is possibly due to the irritation of the peritoneum by the hard, movable tumor, since a similar condition has been observed accompanying hard subperitoneal uterine fibroids. The relatively late appearance of the ascites may be explained by the fact that ovarian fibromata form slowly and do not rise out of the pelvis until they have existed for a long time. In both cases the tumor gave rise to severe local and general symptoms due to pressure.

Curettage of the Uterine Cavity.

Winckel (*Münchener med. Wochenschrift*, 1894, No. 13), after reviewing all the various methods of treating endometritis, expresses his preference for the one which he has practised for twenty-five years, which consists in thorough curettage with a sharp spoon, after previous thorough dilatation, followed by swabbing out of the uterine cavity with dry cotton, and subsequent application of the liquor ferri sesquichlor. He never irrigates or uses the gauze tampon. The patient is kept in bed from three to five days, receiving no douches unless vaginitis develops. The operation is not repeated unless there is a recurrence of profuse hemorrhage. Cases of chronic purulent endometritis are usually treated for several months before curettage is again performed.

Experimental Study of the Treatment of the Stump after Hystero-myomectomy.

Walthard (*Ibid.*), from experiments on rabbits, arrives at the conclusion that when the stump is transfixed, ligated, and dropped back into the cavity, the fact that its circulation is cut off by previous ligation of both uterine and ovarian arteries does not increase the danger of sepsis, provided that it has not been infected during the operation. This corresponds with the practical results obtained by Zweifel, Kocher, and Leopold, who adopted this method of treating the stump.

Extirpation of the Vagina.

Olshausen (*Centralblatt für Gynäkologie*, 1895, No. 1) reports three cases of excision of the vagina for carcinoma of the posterior wall, his method being as follows: The perineal body is divided transversely, and the vagina is separated from the rectum by blunt dissection as high as Douglas's pouch. If it is necessary to remove the uterus, the cul-de-sac is opened, the organ is retroverted and the broad ligaments tied off. The uterus with the affected portion of the vagina is then removed with scissors. When the uterus is to be left the peritoneal cavity is not opened, but the affected portion of the vagina is separated from its attachments laterally, as well as posteriorly, and excised, the edge of the vaginal wound being attached in such a way as to establish a close connection between the lumen of that canal and the cavity in front of the rectum. If the vagina is narrow, more room is gained by splitting the posterior wall from the frænum as high as the diseased area.